

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	F.H		07-17-01
O.I.P.E. CLASSIFIER	MT	JTS	7-27-01
FORMALITY REVIEW			8/27/01
RESPONSE FORMALITY REVIEW	CC	SL1114	10-30-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/18/03
2	✓	✓	12/18/03
3	✓	✓	12/18/03
4	✓	✓	12/18/03
5	✓	✓	12/18/03
6	✓	✓	12/18/03
7	✓	✓	12/18/03
8	✓	✓	12/18/03
9	✓	✓	12/18/03
10	✓	✓	12/18/03
11	✓	✓	12/18/03
12	✓	✓	12/18/03
13	✓	✓	12/18/03
14	✓	✓	12/18/03
15	✓	✓	12/18/03
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29	✓	✓	12/18/03
30	✓	✓	12/18/03
31	✓	✓	12/18/03
32	✓	✓	12/18/03
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34	✓	✓	12/18/03
35	✓	✓	12/18/03
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43	✓	✓	12/18/03
44	✓	✓	12/18/03
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46	✓	✓	12/18/03
47	✓	✓	12/18/03
48	✓	✓	12/18/03
49	✓	✓	12/18/03
50	✓	✓	12/18/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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530  
 10-27-01  
 8/27/01  
 10/27/01